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FORM	First Named Inventor			
	Art Unit	1626		
(to be used for all correspondence after initial fi	Examiner Name	T. Solola		
Total Number of Pages in This Submission	19 Attorney Docket Number	02307E-152810US		

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ENCLOSURES (Check all that apply)								
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name								
Signature Printed name	Townsend and Town Lennelle E. Jenkins,	lah						
Date	May 16, 2005		Reg. No.	51,846				
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
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